

AD No. 26 229

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THE SERVICEABILITY OF
MILITARY PERSONNEL OF LOW INTELLIGENCE *

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In assessing the military serviceability of marginally adjusted individuals two types of criteria are commonly used: the number of individuals within the marginal group who fail to complete a stated period of military service (i.e. are discharged for neuropsychiatric, other medical, or disciplinary reasons before service is completed), and various performance measures (i.e. incidence of hospitalization or disciplinary difficulty, etc.) for those who do complete the stated term of service. In two previous studies (2, 3) applying the second type of criterion the authors have shown that individuals of low intelligence, defined as a mental age of approximately 12 years or less, who successfully completed a term of military service, nevertheless had a higher incidence of hospitalization and of disciplinary difficulty than did a control group of individuals of higher intelligence. The present study applies the first type of criterion, discharge or attrition rate, to a comparable sampling of some 597 Naval recruits of low intelligence.

This experimental population is made up of recruits who were studied upon the observation ward of the Psychiatric Unit at the U. S. Naval Training Center, Newport, R. I., during the years 1942 and 1943. All had a mental age of 12 years, 6 months or below as established by psychological testing by qualified psychologists. For purposes of further analyses they were separated into groups in which low intelligence was the only difficulty present, and groups in which other neuropsychiatric symptomatology was present in addition to the low intelligence. In the 1942 sampling there were 165 cases merely showing low intelligence (M.A. range from 10 years to 12 years, 6 months with a mean of 11 years, 3 months) and 157 cases of low intelligence plus other psychiatric symptomatology (M.A. range from 9 years, 6 months to 12 years, 6 months with a mean of 11 years, 4 months). In the 1943 sampling there were 67 cases of low intelligence only (M.A. range from 8 years, 9 months to 12 years, 6 months with a mean of 11 years,

* This study is part of a larger project continuing under ONR contract 7onr-450(11) with Northwestern University. The opinions expressed, however, are those of the individual authors and do not represent the opinions or policy of the Naval service. The article has been accepted for publication in the Journal of Clinical Psychology.

1 months) and 208 cases of low intelligence plus other symptomatology (M.A. range 9 years, 4 months to 12 years, 6 months with a mean of 11 years, 2 months). All were adjudged capable of rendering military service and were sent to duty from the observation ward. No entry was made on the recruit's health record so his subsequent career was not prejudiced by the findings on the ward. The cases represented all those available under these criteria in the Newport records for 1942 and 1943. As a control group an equal number of "normal" individuals were randomly selected from among those men studied on the ward at the same times but adjudged to present no evidence of either low intelligence or psychiatric symptomatology and who were consequently sent to duty.

With the cooperation of the Naval Medical Records Office, Garden City, Long Island, the subsequent service and medical records of these men were examined for a period up to January 1, 1946 and a tabulation was made of all discharges under the categories neuropsychiatric, other medical, and bad conduct. The samples reported are slightly smaller than those originally selected owing to the loss of records at the Naval Records Office. A previous study, however, has shown that such shrinkage attributable to loss of records does not contribute any systematic bias (1). It must be remembered that the 1942 and 1943 samples are not directly comparable since changing manpower standards may have differentially affected the caliber of the men and the 1942 sample was studied for 3 years, as contrasted with 2 years for the 1943 sample.

Table I gives the attrition or discharge figures in percentages for the different groups. The low intelligence group has a higher incidence of discharges than the controls in every category, with the single exception of "medical" in the 1943 sample. The cases of low intelligence plus other psychiatric symptomatology have higher discharge rates than the low intelligence only group in every category without exception, and of course are thus higher than the controls as well. The incidence of discharges thus seems to rise through the marginally intelligent to those who are also handicapped by added adjustment difficulties. The differences between controls and both experimental groups are statistically significant (5% level or better) with the exception of medical discharges for both the 1942 and 1943 low intelligence only groups. While the differences between low intelligence only and low intelligence plus psychiatric symptomatology are uniform, with the latter always having the higher rate, the differences are statistically significant only for the category of medical discharges. The uniformity of the findings for the two separate samples from different years adds to the reliability of the study.

An analysis also was made of the mean mental age within the various types of discharge. Within our limited samples the differences were neither significant nor consistent.

The results of this study added to those from the two previously mentioned studies (2, 3) show clearly that the military potential of individuals of low intelligence is much less than that of individuals who are not so handicapped. The individual of low intelligence has less chance of success-

fully completing his enlistment, and if he does successfully complete it will still be more of a burden upon the services' hospital and disciplinary facilities. This greater cost attendant upon the military utilization of those individuals of marginal intelligence must be considered in military manpower planning.

SUMMARY

Groups of individuals of low intelligence and of low intelligence plus psychiatric symptomatology followed through a period of military service showed higher discharge rates for neuropsychiatric reasons, other medical reasons, and bad conduct than did a group of "normal" controls.

TABLE I
Percentage of Discharges for Neuropsychiatric,
Medical, and Disciplinary Reasons.

	1942 % Discharged				1943 % Discharged			
	<u>N</u>	<u>NP</u>	<u>Med.</u>	<u>BCD</u>	<u>N</u>	<u>NP</u>	<u>Med.</u>	<u>BCD</u>
Control	322	2.1	1.9	0.0	275	1.1	1.8	0.0
Low M.A.	165	7.9	3.1	9.1	67	7.5	1.5	3.0
Low M.A. plus Psychiatric	157	12.1	10.2	10.2	208	10.6	5.3	7.7

(NP = Neuropsychiatric, Med. = other medical reasons,
and BCD = bad conduct discharge)

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